VIEWPOINT – POINT/COUNTERPOINT

Should a Pharmacy Dean be a Pharmacist?

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I submit this commentary with the belief that the matter at hand is of significance for the profession and the academy to which I have devoted my career. I also do so with some level of trepidation. The subject matter I fear may offend, disenfranchise, and/or even dishearten a number of professional colleagues for whom I have a high degree of personal and professional regard. Nevertheless, I believe pharmacy education is an outlier among health professional programs on this issue and debate is merited. The issue is simply stated in the title of this commentary: Should a pharmacy dean be a pharmacist?

It is intentional that the title is not: *Can* a nonpharmacist be a pharmacy dean? The answer to that question is, obviously, yes. Numerous individuals with no formal education within the profession of pharmacy serve as deans of pharmacy programs. I know several who provide excellent programmatic leadership. The question I want to consider is not whether such individuals *can* serve in this role, but *should* they serve in this leadership position. More particularly, is it the *best* option for a pharmacy program to be led by a nonpharmacist?

I begin with the assertion that pharmacy education represents an aberration of leadership characteristics among health professions programs. Table 1 summarizes the requirements for deanship of key health professions programs as stipulated by respective accrediting agencies. While there are other health professions programs that could be considered, these were selected because they are commonly free standing schools or colleges within their academic institution. In contrast, other health professions (eg, physical therapy, occupational therapy, medical physics) are generally structured as a department within a college or school.

The majority of accrediting agencies of health professions programs, such as the Accreditation Council on Optometric Education, American Veterinary Medicine Association Council on Education, Commission on Collegiate Nursing Education, and Council on Podiatric Medical Education, require deans to be educated formally in the profession they are leading. In addition to pharmacy, there are notable exceptions.¹ The Liaison Committee on Medical Education (LCME) does not require the medical school dean to be a physician. It is stipulated,

however, such an individual must have the appropriate qualifications to lead an academic medical unit. Interestingly, the LCME indicates all current medical school deans are physicians.² Similarly, the Commission on Dental Education does not require the dean to be a dentist. An assessment of dental programs conducted on the Internet revealed only two schools with a dean who is not a dentist.³ In both instances, these deans hold a PhD and were long-standing faculty members within the dental programs at the time of their appointments as dean. In contrast, 14% of accredited pharmacy programs are led by nonpharmacists.⁴ While most nonpharmacist deans were long-standing faculty members in a pharmacy program prior to their appointment, some had no apparent experience within academic pharmacy or the profession overall.⁴

It appears pharmacy is unique among health professions programs in its acceptance of being led by individuals inexperienced in the profession prior to their appointment. The backgrounds of current and recent pharmacy deans include medicine, physical therapy, various basic sciences, and political science. Such individuals seem to have been appointed without meaningful experience in pharmacy education or the profession. Similar to standards of accrediting agencies for medicine and dentistry, the Accreditation Council for Pharmacy Education (ACPE) Standard 8 requires deans “be qualified to provide leadership in pharmacy professional education and practice, including research, scholarly activities, and service.”⁵ Guidelines within the standard stipulate the individual must have a degree in pharmacy or a strong understanding of contemporary pharmacy and health care systems, in addition to characteristics that necessitate significant experience within the profession and academic pharmacy itself, such as a scholarly concern for the profession and the diverse aspects of pharmacy practice. The ACPE evidently does not view the noted appointments as being noncompliant with Standard 8, which has led me to suggest in several forums eliminating the standard if it is not going to be meaningfully enforced.

While it is indisputable that pharmacy is an aberration on the health professions school landscape in terms of its executive leadership expectations, it is debatable

Table 1. Requirements for Deans of Health Profession Schools/Colleges

Profession	Agency	Dean required to be trained in profession?	No. of nonprofession deans
Optometry	Accreditation Council on Optometric Education	Yes	NA
Pharmacy	Accreditation Council for Pharmacy Education	No	17 (14%)
Veterinary Medicine	American Veterinary Medicine Association Council on Education	Yes	NA
Nursing	Commission on Collegiate Nursing Education	Yes	NA
Dentistry	Commission on Dental Accreditation	No	2 (3%)
Podiatry	Council on Podiatric Medical Education	Yes	NA
Medicine	Liaison Committee on Medical Education	No	0

whether this state of affairs is detrimental to the profession and to academic pharmacy itself. I turn now to this debate and note that my comments are in the context of personal experience because that lens naturally influences my perspective on the issue.

For the first four years of my appointment at Purdue University, I was also responsible for oversight of the School of Nursing (in addition to the School of Pharmacy and the School of Health Sciences). Thus, I engaged with the nursing profession to a much higher level than I had previously. Though trained as a health professional who frequently interacted with nurses, it was evident to me there would always be a significant gap in my ability to relate to and understand the experiences of the nursing students, faculty members, and alumni. While I provided productive leadership during this period and served as a representative of nursing education in a variety of forums, I knew I was unable to do so with the level of experience and comprehension a nurse would provide in the role. I was not, nor would ever be, an optimal representative for the School of Nursing. A nurse did serve as associate dean and held primary responsibility for day-to-day management of the school of nursing (thereby meeting accreditation requirements), which helped fill some significant gaps. Still, there were occasions at which the dean was required to represent the program (eg, internal discussions among university leadership, professional meetings, and certain community engagements) in a meaningful manner.

Having served as dean of pharmacy for more than eight years, I cannot imagine the nature of my engagement if I were not a pharmacist. My predecessor was not educated as a pharmacist, though he had extensive experience in pharmacy education. Since my appointment, I have lost count of the times alumni and other constituents have expressed their relief our program is now headed by a pharmacist. One might argue whether such constituents' depth of knowledge is sufficient to assess

the appropriateness of specific leadership, but what is not debatable is that these constituents felt a barrier to their engagement due to the fact that my predecessor was not a pharmacist. Having been employed at another institution where pharmacy was also overseen by a nonpharmacist, I can attest that the perspective is not unique to our program. Indeed, I have spoken to other deans whose predecessors were not pharmacists and they have received similar feedback from constituents, especially, students.

Assertions that pharmacists possess unique leadership qualifications in the broad sense are indefensible. I engage with nonpharmacist deans of pharmacy programs whose leadership skills appear to surpass those of pharmacists in the same role. Moreover, senior nonpharmacist deans have served as mentors to me. I still believe, however, there are areas where, beyond general leadership and management skills, unique experiences and knowledge acquired by pharmacists enhance their ability to lead pharmacy programs.

Credibility. Some argue credibility is the cornerstone of leadership, and competency in the requisite field is essential to generating credibility. The *raison d'être* of pharmacy programs is the preparation of competent pharmacists. Other academic units prepare scientists for pharmaceutical sciences and/or biomedical research relevant to drugs, but no other unit prepares the next generation of pharmacists. I am convinced from my experience as a pharmacist leading a nursing program that one cannot gain full credibility within a profession for which one is not trained and in which one has not "walked the walk." This credibility gap impacts one's interaction with students, practitioners, and professional societies. Efforts can be made to narrow the gap, but a gap always remains, reducing one's effectiveness.

Connectivity. Numerous scholars emphasize leadership as relational at its core. Leaders of colleges are limited in their ability to develop deep relationships with

constituents by virtue of the size of the constituency. Such leaders must develop productive relationships through limited interactions. Shared experience and knowledge of the profession facilitates a rapid, essential connectivity with a wide variety of stakeholders. While other connectivity points having no professional framework may occur in the development of relationships with external constituents, those points focused on the core competency of the program are the most essential. In numerous conversations with key constituents, a “connection” simply would be impossible if I were not educated within the profession.

Breadth of Knowledge. Being a member of a profession closely associated with nursing, I had always viewed myself as having a reasonable understanding of that profession. When I assumed leadership of a school of nursing, I quickly learned I was lacking in the breadth of knowledge needed to understand the vast array of issues impacting the profession. Similarly, my interaction with deans not trained in the pharmacy profession has revealed significant limitations in their breadth of their understanding of pharmacy issues. In my experience, even basic scientists serving as faculty members in pharmacy programs do not engage in the broader pharmacy world unless and until they ascend to a position of senior leadership. It is remarkably challenging, if at all possible, for one to make up for knowledge normally gained from many years engaged in a health profession.

Cheerleading. I sometimes recommend to individuals evaluating potential deanships to decide whether or not they can “fall in love” with the place because a dean must be a cheerleader for his/her program and the profession overall. How passionate can leaders be about a profession with which they have no meaningful connection until assuming a leadership role? Can they be a credible cheerleader for a profession they did not personally choose and experience?

Foresight. A key task of a leader is to mobilize people to identify and seize opportunities. An individual lacking education and experience in a profession may not be able to identify, with the clarity and foresight necessary, emerging and distant opportunities for a professional program. As a dean, I have proposed initiatives for the college on numerous occasions that required a

comprehensive understanding of the profession. Because these engagements were often confidential in nature, I could not bring another person from my leadership team into the discussion who might have more knowledge of the profession. Thus, apart from a background in the profession, these would have been lost opportunities.

Thus, I argue it is in a program’s best interests to be led by an individual educated within the profession. Health professions programs mandating the dean be so qualified demonstrates this is a common expectation. The hiring practices of other health professions programs certainly demonstrate this to be the norm. Perhaps it is time for pharmacy to create such mandates within its accreditation standards and adhere to them. Should exceptional individuals without a pharmacy background who meet unique needs of a given institution come forward, exceptions could be made. But that is not the current state of affairs in academic pharmacy.

A closing word to those who are in programs led by nonpharmacists: give your deans unqualified support and expertise. Debate the qualifications of your next leader during the search process. Once a leader has been appointed, it is your responsibility and in your best interest (as well as the program’s) to give that person your unqualified, full support. Your dean’s success will be to your program’s and the profession’s benefit! And for my dean colleagues who lack formal training in the profession, I urge you to immerse yourself as fully as possible in the profession whose future practitioners you have been entrusted to prepare.

REFERENCES

1. Another profession, Law, also does not require training in the profession. It is believed that all current deans hold the JD or equivalent (American Bar Association, e-mail, October 9, 2014).
2. Liaison Committee on Medical Education, e-mail, October 1, 2014.
3. Assessment conducted by reviewing the website of all programs listed as accredited by Commission on Dental Accreditation on October 2, 2014.
4. Assessment conducted by reviewing the website of all programs listed as accredited by Accreditation Council for Pharmacy Education on October 8, 2014.
5. Standard 8, 2007 Standards, Accreditation Council for Pharmacy Education, as revised January 23, 2011. (www.acpe-accredit.org/pdf/FinalS2007Guidelines2.0.pdf)